



CVA CASE STUDY



Cash for Protection for Women at risk and Survivors of Gender-Based Violence: **The Philippines**

SUMMARY OF FIELD LEARNING

In North Cotabato, Philippines, after a series of earthquakes starting in October 2019, UNFPA provided cash assistance to gender-based violence (GBV) survivors and women and girls with mental health and psychosocial support (MHPSS) needs to support their healing and recovery and meet urgent protection needs safely and appropriately for each person. These needs included the purchase of food, medicine, and transportation to access protection services. Unconditional, unrestricted cash assistance was provided through the program, which ran from December 2019 to July 2020.

One USD \$200 unconditional cash assistance payment was provided to each GBV survivor, while individuals requiring MHPSS received USD \$100 in unconditional cash assistance in addition to medicines equivalent to USD \$100. The cash supported the needed interventions and basic needs of cash for protection (C4P) recipients and their significant others and served as a complement to the support provided by government partners. The amounts were determined through consultation with recipients and health workers according to the overall needs of survivors.

The outcome monitoring results gathered through qualitative assessment were as follows:

- 1. Cash for protection was a very timely and much-needed intervention based on the initial responses from survivors, as well as government partners.**
- 2. GBV and individuals with severe psychological issues, and their families, mentioned that the cash assistance contributed to strengthening their resilience.**
- 3. Recipients stressed that the Cash for protection positively impacted their sense of dignity and self-worth.**

Keywords:

Gender-Based Violence, Cash and Voucher Assistance, Cash for Protection, MHPSS



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Background

In October 2019, a series of earthquakes struck the province of North Cotabato in Mindanao, the Philippines. The first incident was recorded on 16 October with a magnitude of 6.3. Eight days later, on 28 October, two strong earthquakes were recorded at magnitude 6.6 and 6.1, and on 31 October, the same area was again hit by a magnitude 6.5 earthquake. As of 17 November 2019, the total affected population had increased to 325,000 individuals. 106,000 individuals - comprising 22,000 families - were displaced. Upon displacement, some individuals lived inside evacuation centers, some stayed near their destroyed homes and others stayed with their nearest kin. This left 32,000 women and young girls seeking refuge in tents set up in evacuation centers, as well as makeshift tents set up outside their homes.

In its response to the earthquakes, UNFPA focused on addressing the disrupted access to life-saving sexual and reproductive health (SRH) services, as well as women and girls' higher risk of GBV and negative impacts on their mental well-being due to displacement and other social and economic insecurities. To do so, UNFPA implemented a Cash for Protection (C4P) program that granted cash assistance to GBV survivors and people with severe psychosocial issues in order to support their post-disaster recovery and to reduce vulnerabilities.

PROGRAM DESIGN



Assessments Conducted

The team conducted a series of inter-agency assessments and consultations with local partners and displaced community members, focusing on three target areas in North Cotabato. More than 100,000 persons were displaced, and due to fear of aftershocks they sheltered in open spaces and on roadsides. This created a high risk of possible attacks and violence, especially for women, girls and children. A strong need for MHPSS for these individuals was also identified.

UNFPA intensified GBV prevention and information activities through its local facilitators at women-friendly spaces. This was coupled with technical assistance provided to the local social welfare and development offices and local health offices to strengthen local protection structures and systems. UNFPA focused on: (1) consultation and mapping of service networks for GBV and MHPSS, (2) co-development of operational guidelines with local duty-bearers, and (3) direct provision of cash assistance to affected individuals. It was important that referral pathways were clear, and that service delivery was strengthened. The guidelines for cash for protection were co-developed with local stakeholders to ensure that awareness and sensitivity to the protection issues facing women and girls were well-sensitized among decision-makers and implementers. Lastly, while an implementing partner delivered the cash assistance, it is important to note that the local health and social welfare offices continued to provide recommendations and ensure service delivery to cash recipients.



Eligibility Criteria and Targeting

UNFPA provided cash assistance to GBV survivors and women and girls at risk of GBV to (a) minimize the risk of GBV), (b) support the healing and recovery of GBV survivors and individuals with mental health and psychosocial support needs, and (c) meet urgent protection needs safely and appropriately for each person, including the purchase of food, medicine and transportation to access protection services.

The project reached GBV survivors who accessed the UNFPA-supported interim Women-Child Protection Unit at the provincial hospital and/or persons with severe psychosocial issues who experienced symptoms at the Level 4 MHPSS category requiring specialized intervention. Criteria were determined to identify GBV survivors and MHPSS survivors in partnership with the Department of Social Welfare and Development and the Department of Health. A set of guidelines covering the process and eligibility for the cash was developed with government partners. The cash was unrestricted and unconditional, allowing recipients to use it to address priorities such as health, transportation, and food costs. UNFPA was able to reach GBV survivors and MHPSS survivors with C4P of the age of 6 to 60 years old.



Risk Analysis

UNFPA worked with local government partners from health and social services to identify risks and mitigation measures. Data protection was a top priority and personal data was kept confidential given the sensitive target group. Details about cash disbursements were disseminated discreetly and only to

the intended recipients. After the imposition of a COVID-19 quarantine, cash disbursements were completed in accordance with the minimum health protocols established by the national and relevant local government units.

Modality, Transfer Amount and Frequency



A one-time unconditional amount of USD \$200 was provided to each eligible GBV survivor. The one-off amount was paid directly to the beneficiary. For persons with severe psychological issues, there was a recognition of limited accessibility and availability of medicines, and thus 50% of the amount (USD\$100) was given to the beneficiary while the other 50% was allocated to the procurement of medicines which the beneficiary could collect from the health facilities (it was calculated that USD\$100 could cover an average of three months' worth of medicine supply). The health officer and/or MHPSS coordinator from the C/MHO were responsible for the procurement, disbursement, and periodic administration of the medicines.

Complementary Activities

Referral pathways for both GBV and MHPSS survivors were established and shared broadly in the affected communities to ensure awareness, using public announcements and radio.

To further support the government's capacity to respond to and manage both GBV and MHPSS cases, capacity-building support was provided to key government bodies, particularly on MHPSS and psychological first aid. Capacity-building support was also provided through the provision of online learning modules on GBV case management for physicians, social workers, and police officers. **These activities complemented UNFPA's larger earthquake response in the Philippines, which strived to ensure continuity of health services, strengthening referral networks, and distribution of life-saving information on SRH, GBV and MHPSS.**

A MOSEP staff on her way to visit a GBV survivor to provide cash support under the Cash for Protection program @UNFPA Philippines

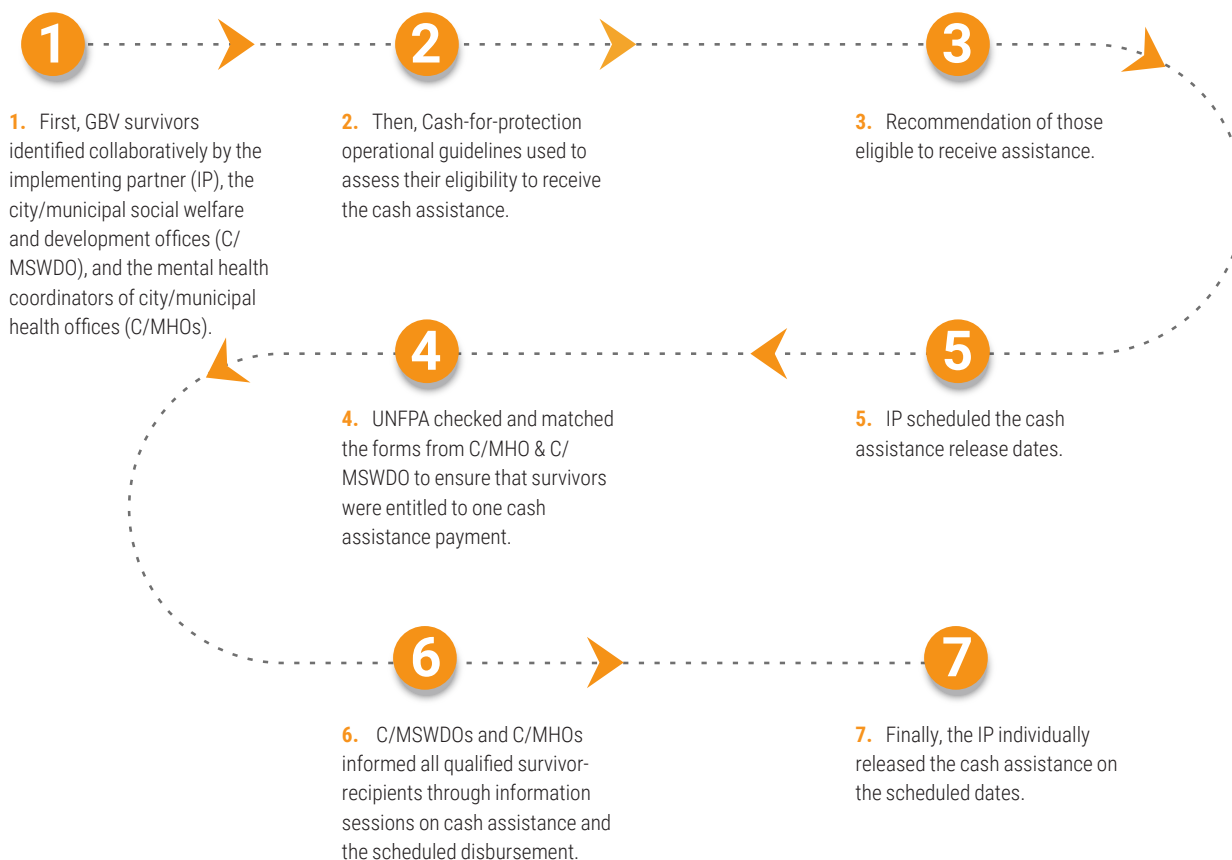


IMPLEMENTATION



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The process for delivery of the C4P was as follows.



The program implementation reached persons with severe psychological issues and GBV survivors from the three target areas. The cases of psychosocial issues supported were persons with schizophrenia (both acute and chronic), moderate to severe epilepsy, change of behavior due to medical condition, persons with depression and survivors of violence against women and children exhibiting depressive and regressive symptoms.

MONITORING, EVALUATION AND LEARNING

GBV survivor Sarah (not her real name) was grateful for UNFPA's 'Cash for Protection' support. "I will use some of the money as additional capital for my small business," she shared with a smile back on her face. "It would be a lie if I say I don't remember the painful memories. But at least, the six years of an abusive relationship that I had to endure is gone, it's over," Sarah said. "I will spend the remaining money for the needs of my sons, and also save a little for our future".

Post-Distribution Monitoring

Post-distribution monitoring was conducted with a sample of recipients to explore the effect of the cash assistance together with the immediate family support and key service provision. The results of the monitoring showed positive feedback amongst the recipients, their family members and service providers.

63% of beneficiaries utilized at least a portion of the cash assistance for food, and 42% of beneficiaries used at least a portion of the cash assistance for medical expenses and household expenses. Beneficiaries and immediate family members shared that the cash assistance was used to complement and support their existing livelihoods, with immediate positive effects on their situation.

MHPSS service providers expressed that the cash for protection was timely considering that they observed spikes in the number of cases with MHPSS concerns after the earthquake. The support enabled affected individuals to secure at least three months' worth of medicines. For persons with severe psychological issues in particular, it was recommended that the assistance be restricted to utilization for medication, given the gap in this type of support (pre- and post-earthquake) from different governments and local and international organizations.

The outcome monitoring results gathered through qualitative assessment were as follows:

1. Cash for protection was a very timely and much-needed intervention based on the initial responses from survivors, as well as government partners.
2. GBV and MHPSS survivors having received the cash mentioned that it contributed to strengthening their resilience.
3. Recipients stressed that the Cash for protection positively impacted their sense of dignity and self-worth

"The strong shakes destroyed many buildings, and many peoples' dreams. It also broke my daughter's mental state. The medicines are really expensive. Without this cash assistance, I don't not know if we could sustain my daughter's treatments. This helps us keep our hope for our daughter's recovery." her father Martin said after receiving UNFPA's 'Cash for Protection' assistance at Makilala Hospital, through UNFPA's NGO implementing partner, the Mindanao Organization for Social and Economic Progress, Incorporated (MOSEP).

CHALLENGES

UNFPA faced several challenges in implementing the C4P program. Gender equality was challenged by the IPs and government partners in relation to the provision of support to male GBV survivors, which was not the objective of this program. Highly centralized decision-making was an issue, as it delayed some regional case managers in submitting the recommendation forms of GBV survivors – however, working with the local government was important and a contribution to the potential replication or sustainability of this approach. Initially, the concept of unrestricted, unconditional cash assistance was also difficult for one of the IPs to accept because of its fear that the cash disbursed would not be used for the intended purposes. Through this experience, the IP realized that letting the beneficiaries make their own choices in how to respond to their needs had a positive impact.

CONCLUSIONS

Cash for protection was shown to positively impact the recipients based on post-distribution monitoring. The cash supported much-needed interventions and needs of C4P recipients and their households and served as a complement to the government partners’ response. According to the recipients, these payments increased their resilience and well-being and contributed positively to their sense of dignity and self-worth. The project also increased government partners’ awareness of these issues, as they recognized the needs of GBV survivors for access to financial assistance, and the need for better health support for persons with severe psychosocial issues following an emergency.

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“Many women in abusive relationships do not leave their violent partners, because of financial dependence. They are not confident if they can survive and support their children by themselves alone. Because of natural disasters and now with COVID, these women are even more unsure of their potential to become independent. This is exactly why this cash-transfer assistance is so significant and meaningful for these vulnerable women because it helps them to break ties with their abusive partners, help them move on, give them a sense of empowerment, ownership, and resilience, standing on her own two feet,” Ms. Mariam Ali, MOSEP’s Executive Director, highlighted.
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*Delivering a world where every
pregnancy is wanted, every childbirth is
safe and every young person's potential
is fulfilled*

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